

are needed. The North Carolina Drug Overdose Task Force has recognized this complexity and outlines 24 recommendations across seven categories.<sup>22</sup> As outlined by the North Carolina Drug Overdose Task Force, comprehensive prevention programs which merge the efforts of law enforcement, mental health, public health, and medical community organizations are urgently needed. Unintentional overdose death rates may be reduced to some extent by educating the general public about the dangers of taking drugs and educating prescribers about following opioid treatment guidelines.

## Notes

- <sup>a</sup> Unintentional overdose deaths described in this report are the result of accidental overdose of drugs, medicaments, and biological substances as defined by the *International Classification of Diseases, Ninth Revision* codes ‘960’–‘979’ and *International Classification of Diseases Tenth Revision* codes ‘X40’–‘X49.’ Leonard Paulozzi, of the National Center for Injury Prevention and Control, provided a definition of these overdoses in a 2007 testimony before the U.S. Congress, describing poisonings as, “. . . any substance that is harmful to your body when ingested (eaten), inhaled (breathed), injected, or absorbed through the skin. Any substance, taken in excess, including a prescription drug, can be a poison. Therefore the CDC categorizes drug overdoses as drug poisonings. Drug overdose does not include adverse reactions to medications taken in correct amounts.” (Source: Paulozzi, 2007.)<sup>5</sup>
- <sup>b</sup> A 34-day window was examined because a Medicaid recipient may get up to a 34-day supply of a medication each month.

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